## U.S. Public Health Service Commissioned Corps Readiness Force Student Application

Please initial next to each line on the form below confirming that you have met the CCRF course prerequisites. Fax this page along with your completed course application and a copy (front and back) of your BLS for Healthcare Providers card to the CCRF fax number on the following page.

INITIAL	CCRF REQUIREMENTS
	Own at least 2 complete pairs of the Working Khaki uniform.
	APPLICATION PREREQUISITES
	Supervisor's permission to attend.
	Completed physical exam (including medical review) on file with DCP within past 5 years.
	Certified in AHA BLS for Healthcare Providers and recorded on CCRF Officer Summary Page. You must fax a copy of your BLS card (front and back) with your application.
	Current licensure (if applicable) on file with DCP and recorded on CCRF Officer Summary Page.
	Immunization requirements completed and recorded on CCRF Officer Summary Page.
	Current APFT recorded on CCRF Website
	Recorded height and weight on CCRF Officer Summary Page.
	Recorded the number of hours you practice your professional skill on CCRF Officer Summary Page.
	Current login and update of CCRF Officer Summary Page.
	Completion of all Core curriculum sessions on the CCRF Online Training Program.



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12300 Twinbrook Parkway · Suite 360 · Rockville, MD 20857 Fax (301) 443-3119



APPLICA	IM PROITA	IST RF 1	<b>CYPEWRITTEN</b>	

(YOU MUST FILL IN EACH FIELD)

Course Title:						Course Date: Select only ONE course date			
Medical Effects of Ionizating Radiation (MEIR)					March 3-5, 2004				
PHS Serial Number S.S.N. (SERNO)			# Clinical Hours in the last year BLS			S for Healthcare Provider Expiration Date			
								1 1	
Name (LAST)		(FIRST)				Rank:		PHS Category:	
Home Address:			City,	State, Zi	p Code	:			
Home E-Mail:		ŀ	Home	Phone:			Mobile	/Pager:	
Duty Station Address			City, State, Zip Code:						
Work E-Mail:			Work Phone: Work Fax:				Work Fax:		
OPDIV/Agency:			Current Job Title:						
Mode of Transportation: chec  □ Automobile □	k applicable Air Travel	If traveling by a	air, ple	ase speci	ify Airpo		rture: Choice		
Have you attended this course in the past?  □ No □ Yes If yes, when?									
Why do you think you sho	ould be selected	for this course	e?						
Supervisor's Name			Supe	ervisor's S	Signatui	re		Date	)